

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

TRIAL NO.
09/674559

FILING DATE

APPLICANT(S)

BEST AVAILABLE CC

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		3				
5		3				
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TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	21					

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